

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Title:: Reinforced Medical Probe Cover

Attorney Docket Number:: 27455.00

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 3

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Clifford Eugene  
Family Name:: Gammons  
Name Suffix::  
City of Residence:: Loudon  
State or Province of Residence:: TN  
Country of Residence:: US  
Street of mailing address:: 784 Butler Drive  
City of mailing address:: Loudon  
State or Province of mailing address:: TN  
Country of mailing address::  
Postal or Zip Code of mailing address:: 37774

## CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22465  
Phone number:: 865-584-0105  
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## REPRESENTATIVE INFORMATION

Representative Customer Number::	22465	
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## DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

## FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
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## ASSIGNMENT INFORMATION

Assignee name:: Adroit Medical Systems, Inc.  
Street of mailing address:: PO Box 277  
1146 Carding Machine Rd  
City of mailing address:: Loudon  
State or Province of mailing address:: TN  
Country of mailing address::  
Postal or Zip Code of mailing address:: 37774-0277